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| APPLICATION NO. | FILING DATE        | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.     | CONFIRMATION NO. |
|-----------------|--------------------|----------------------|-------------------------|------------------|
| 09/676,296      | 09/28/2000         | Peer Boerner         | 32156.0005              | 2340             |
| 7               | 590 07/13/2005     | ·                    | EXAM                    | INER             |
| R Kent Rober    | ts                 |                      | SKED, MA                | TTHEW J          |
| Hodgson Russ    | Andrews Woods & Go | odyear LLP           |                         |                  |
| Suite 2000      |                    |                      | ART UNIT                | PAPER NUMBER     |
| One M&T Plaz    | a                  |                      | 2655                    | # = ·            |
| Buffalo, NY     | 14203-2391         |                      | DATE MAILED: 07/13/200: | 5                |

Please find below and/or attached an Office communication concerning this application or proceeding.

|  | Application No.  | Applicant(s)             |  |  |  |  |  |  |  |
|--|--|--------------------------|--|--|--|--|--|--|--|
|  | 09/676,296   | BOERNER ET AL.           |  |  |  |  |  |  |  |
| Response to Rule 312 Communication   | Examiner   | Art Unit                 |  |  |  |  |  |  |  |
|  | Examiner Matthew J. Sked  2655  Inication appears on the cover sheet with the correspondence address of the invention.  The issue fee is paid must be accompanied by a petition under 37 CFR 1 application from issue.  The issue fee is with the evidence submitted by the applicant. |                          |  |  |  |  |  |  |  |
| The MAILING DATE of this communication ap  | pears on the cover sheet with the  | correspondence address – |  |  |  |  |  |  |  |
| The amendment filed on <u>09 June 2005</u> under 37 CFR 1.3     a) □ entered.  | 312 has been considered, and has be  | een:                     |  |  |  |  |  |  |  |
| b) 🛛 entered as directed to matters of form not affecting  | the scope of the invention.  |                          |  |  |  |  |  |  |  |
| c) disapproved because the amendment was filed after the payment of the issue fee.  Any amendment filed after the date the issue fee is paid must be accompanied by a petition under 37 CFR 1.313(c)(1) and the required fee to withdraw the application from issue. |  |                          |  |  |  |  |  |  |  |
| d) disapproved. See explanation below.   |  |                          |  |  |  |  |  |  |  |
| e)    entered in part. See explanation below.  |  |                          |  |  |  |  |  |  |  |
| The requirement to submit a substitute declaration is with   | W. R. YO<br>PRIMARY E  | DUNG<br>XAMINER          |  |  |  |  |  |  |  |
|  |  |                          |  |  |  |  |  |  |  |





Response To Notice Of Allowability - Item #5
Pat. App. Serial No. 09/676,296
Attorney Ref. No. 32156.0005
Page 1

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of Boerner

Serial No.: 09/676,296 Filed: September 28, 2000

For: Emotive Index Corresponding To A Message

Examiner: M.J. Sked Group Art Unit: 2655

### RESPONSE TO NOTICE OF ALLOWABILITY - ITEM #5

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

A Notice Of Allowability dated April 26, 2005 was included with the Notice Of Allowance And Fee(s) Due, which was dated May 4, 2005. Item #5 of the Notice Of Allowability noted that a substitute declaration must be submitted. Page 2 - section 6 of the Notice Of Allowability states that the declaration filed January 12, 2001 was not signed by one of the inventors, Peer Boerner.

I hereby Certify that this Correspondence is being deposited this date with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Alicia Falkenbach
Name of person signing the certification

Olicia Falkenback

June 3, 2005

Signature

Date

Response To Notice Of Allowability - Item #5
Pat. App. Serial No. 09/676,296
Attorney Ref. No. 32156.0005
Page 2

Enclosed is a copy of the materials mailed on January 9, 2001 and received by the USPTO on January 12, 2001. Two declarations were filed - one signed by inventor Frey and one signed by inventor Boerner. Also enclosed is a copy of the postcard stamped by the USPTO and listing the two declarations. This post card is evidence that both declarations were received by the USPTO on January 12, 2001.

The undersigned is not aware of an obligation to have all inventors sign the same copy of the declaration. It is respectfully requested that the examiner identify that portion of the MPEP, CFR or USC which imposes such an obligation, or withdraw the requirement to submit a substitute declaration.

The Examiner is invited to call the undersigned if any questions remain following review of this response.

Respectfully submitted,

R. Kent Roberts

Attorney for Applicant Registration No. 40,786

Date: June 3, 2005

Hodgson Russ LLP One M&T Plaza, Suite 2000 Buffalo, NY 14203-2391

## Enclosures

-copy of Jan. 9, 2001 materials (9 pages)

-copy of stamped post card (1 page)



I hereby Certify that this Correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on January 9, 2001

Michelle M. Scordato

Signature

Date of Signature

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Boerner, et al

Serial No.: 09/676,296

Filed: September 28, 2000

For: Device and Method of Determining Emotive Index

Corresponding to a Message

#### RESPONSE

Assistant Commissioner for Patents Attention: Box Missing Parts Washington, D.C. 20231

Sir:

Responsive to the Notice To File Missing Parts Of Nonprovisional Application dated November 9, 2000 (copy enclosed), herewith is an executed Oath and Declaration from each of the inventors. Enclosed is payment of the \$65 surcharge. If underpayment or overpayment has been made, please charge to Deposit Account No. 08-2442.

Respectfully submitted,

Hodgson Russ, ANDREWS, WOODS & GOODYEAR LLP

R. Kent Roberts, Reg. No. 40,786

One M&T Plaza, Suite 2000 Buffalo, New York 14203-2391 (716) 848-1510

Date: January 9, 2001

BFLODOCS:486771\_1 (@FLF01)



The Patent and Trademark Office date stamp hereon will acknowledge receipt of:

Fee Transmittal (1 page)

Response Letter to the Assistant Commissioner for Patents (1 page)
Copy of Notice to File Missing Parts of Nonprovisional Application (1 page)
Two (2) Declarations for Utility or Design Patent Application (3 pages each)
Check in the Amount of \$65

In Re Application of: Boerner, et al Serial No. 09/676,296

Filed: September 28, 2000

Re: Device and Method of Determining Emotive Index

Corresponding to a Message

32156.0005 (RKR/ms)

**MAE 15N** 







COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WARMINGTON, D.C. 20231

APPLICATION NUMBER

FILING/RECEIPT DATE

FIRST NAMED APPLICANT

ATTORNEY DOCKET NUMBER

09/676,296

09/28/2000

Peer Boerner

32156.0005

R Kent Roberts Hodgson Russ Andrews Woods & Goodyear LLP Suite 2000 One M&T Plaza Buffalo, NY 14203-2391



Date Mailed: 11/09/2000

# NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

#### Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 65.

A copy of this notice MUST be returned with the reply.

Customer Service/Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

| Please type a plus sign inside this b  | э <b>х</b> 🖳                      | 1                       | PTO/SB/01 (12/97)                         | . Aş              | proved.               | use through 09                   | 30/00, OMB 0651-0032   | 4        |  |
|--|-----------------------------------|-------------------------|---|-------------------|-----------------------|----------------------------------|--|----------|--|
| DECLARA  | TION FOR                          | UTILIT                  | Y OR                                      | Attorn            | ey Dock               | tet Number                       | 32156.0005   |          |  |
| PATE   | DESIGN<br>NT. APPLIC              | ATION                   | THE PROPERTY.                             | First 1           | Named I               | nventor                          | Boerner, et al   |          |  |
|  | DESIGN<br>NT APPLIC<br>37 CFR 1.6 | 3)                      | 0   | COMPLETE IF KNOWN |                       |                                  |  |          |  |
|  |                                   | 13                      | 07  | Applic            | ation N               | ımber                            | 09/676,296   |          |  |
| ☐ Declaration Submitted €  | DR                                | Declara                 |   | Filing            | Date                  |                                  | September 28, 2000   |          |  |
| with Initial<br>Filing   |                                   | Filing (s               | surcharge                                 | Group             | Art Uni               | t                                |  |          |  |
| 1 ming   |                                   | required                | R 1.16(e))<br>i)                          | Exami             | iner Nam              | ne                               |  |          |  |
| As a below named invento   | r, I hereby de                    | clare that              | :   |                   |                       | <u></u>                          |  | —        |  |
| My residence, post office a  | idress, and citi                  | zenship aj              | re as stated below ne                     | xt to m           | v name.               |                                  | •  |          |  |
|  |                                   |                         |   | _                 |                       |                                  |  |          |  |
| I believe I am the original,<br>names are listed below) of t   | he subject matt                   | er which                | is claimed and for w                      | hich a p          | ow) or an eatent is a | n original, fir<br>sought on the | st and joint inventor (if pluinvention entitled:   | ıral     |  |
|  |                                   |                         |   |                   | •                     |                                  |  |          |  |
|  | Device and Mei                    | hod of De               | etermining Emotive                        | Index C           | orrespon              | ding to a Me                     | ssage  |          |  |
| the specification of which is attached hereto OR   |                                   |                         | (Title of the Inve                        | ntion)            |                       | • :                              |  |          |  |
| was filed on (MM/  | DD/YYYY)                          | 09                      | 0/28/2000 as U                            | inited St         | otec 'Ann             | lication Nu-                     | ber or PCT International   |          |  |
| Application Number   | 09/676,296                        | <del></del>             | d was amended on (A                       |                   |                       |                                  |  |          |  |
| I hereby state that I have rev   |                                   |                         |   |                   | -                     |                                  | (if applicab   |          |  |
| by any amendment specifica   | lly referred to                   | above.                  | to contents of the abi                    | ove men           | unieu sp              | centeation, n                    | cruding the claims, as am  | enge:    |  |
| I acknowledge the duty to di   | sclose information                | ion which               | n is material to pater                    | tability          | as define             | ed in 37:CFR                     | 1.56.  |          |  |
| I hereby claim foreign prioric<br>certificate, or 365(a) of any<br>America, listed below and he<br>certificate, or of any PCT in | ave also identif                  | nal applic<br>ied below | ation which designate, by checking the bo | ed at lea         | ast one c             | ountry other                     | than the United States of  |          |  |
| Prior Foreign Application (Numbers)  | Count                             | ry                      | Foreign Filing I<br>(MM/DD/YYY            |                   |                       | Priority<br>t Claimed            | Certified Copy Attach  | ed?      |  |
|  |                                   | ,                       |   | +                 |                       |                                  |  | <u> </u> |  |
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|  |                                   |                         |   |                   | :                     |                                  |  |          |  |
|  |                                   |                         |   |                   |                       |                                  | B/02B attached hereto.   |          |  |
| I hereby claim the benefit un  | der 35 U.S.C.                     | 119(e) of               | any United States p                       | rovision          | al applic             | ation(s) liste                   | below.   |          |  |
| Application Number   | er(s)                             | Fi                      | iling Date (MM/DD                         | /YYYY             | )                     |                                  |  | ·        |  |
|  |                                   |                         |   |                   |                       | nu<br>su                         | Iditional provisional applic<br>mbers are listed on a<br>oplemental priority data sh<br>O/SB/02B attached hereto | heet     |  |

|   | ·                                    | DECL                          | AICAI                           | 1011 - (  | Juniy C                           | ת של זו                    | agu rai                          | tent A      | Арриса                         | AUOH                             |          |  |
|---|--------------------------------------|-------------------------------|---------------------------------|---|-----------------------------------|----------------------------|----------------------------------|-------------|--------------------------------|----------------------------------|----------|--|
| America, list<br>application is   | ted below and, i<br>n the manner pr  | nsofar as the<br>ovided by th | e subject mat<br>e first paragr | y United States of the raph of 35 U.S.Coren the filing da | e claims of thi<br>C. 112. I ackn | is applicati<br>owledge th | ion is not disclue duty to discl | losed in th | ne prior Unite<br>mation which | d States or P                    | CT In    | ternational                              |
| \(\frac{1}{2}\)   | J.S. Parent                          | Application Dumbe             | on or PCT<br>er                 | `Parent   |                                   |                            | t Filing Da<br>/DD/YYYY          |             | i                              | Parent Pat<br>(if app            |          |  |
| PATES   | MADELLE                              |                               |                                 | <del></del>   |                                   |                            |                                  |             |                                |                                  |          |  |
| O A   |                                      | r PCT intern                  | national appli                  | ication numbers   | are listed on a                   | a suppleme                 | ental priority d                 | lata sheet  | PTO/SB/02E                     | attached her                     | eto.     | <del></del>                              |
| As a named of   | inventor, I herel<br>cted therewith: | by appoint th                 | ne following                    | registered practi   | tioner(s) to pr                   | osecute thi                | is application s                 | and to trai | nsact all busi                 | ness in the Pa                   | tent a   | nd Trademark                             |
| ☐ Customer  Registered  | Number OR d practitioner's           | name/registr                  | ation number                    | r listed below  |                                   |                            |                                  |             | <b>→</b>                       |                                  | Num      | ce Customer<br>ber Bar Code<br>abel Here |
|   |                                      |                               | T                               |   |                                   | <u> </u>                   |                                  |             |                                |                                  |          | <del></del>                              |
| ·   | Name                                 |                               |                                 | Registr<br>Num  |                                   |                            | N                                | lame        |                                |                                  |          | gistration<br>Number                     |
|   | a Kadle                              |                               |                                 | 40,041  |                                   |                            | ent Ro                           |             |                                | 40                               |          |  |
| Martin G. Linihan 24,926 Michael F. Scalise 34,920 Kevin D. McCarthy 35,278 Daniel C. Oliverio 33,435 |                                      |                               |                                 |   |                                   |                            |                                  |             |                                |                                  |          |  |
|   | L. Prin                              |                               |                                 | 39,336  |                                   | Edwi                       | n T. B                           | ean,        | Jr.                            |                                  | , 63     |  |
| ☐ Additional  | registered pract                     | itioner(s) na                 | med on supp                     | lemental Registe  | red Practition                    | ner Informa                | ation sheet PT                   | O/SB/020    | C attached he                  | reto                             |          |  |
| Direct all o  | corresponden                         | ce to:                        |                                 | er Number<br>Code Label                                   |                                   |                            | OR                               | ₹.          | ■ Corres                       | pondence a                       | addre    | ss below                                 |
| Name  | R. Kent Ro                           | berts                         | •                               |   |                                   |                            |                                  |             |                                | e                                |          |  |
| Address   | Hodgson, F                           | tuss, Andi                    | rews, Woo                       | ods & Goody   | ear LLP                           |                            |                                  |             |                                |                                  |          |  |
| Address   | One M&T                              | Plaza, Sui                    | ite 2000                        |   |                                   |                            |                                  |             |                                |                                  |          | ·  |
| City  | Buffalo                              |                               |                                 |   | State                             | Ne                         | w York                           |             | ZIP                            | 14203-23                         | 203-2391 |  |
| Country   | United State                         | es                            | Telepho                         | ne  | (716) 856                         | -4000                      |                                  |             | Fax                            | (716) 84                         | 9-034    | 19                                       |
| immet mat m   | ese statements v                     | vere made w                   | /ith the know                   | own knowledge<br>dedge that willfu<br>may jeopardize      | ıl false statem                   | ents and th                | re like so mad                   | e are run   | ishable by fir                 | elief are belie<br>ne or impriso | ved to   | o be true; and<br>t, or both, under      |
| Name of S   | ole or First                         | Inventor:                     |                                 |   | ☐ A peti                          | tion has                   | been filed                       | for this    | unsigned i                     | inventor                         |          |  |
|   | Given Nan                            | ne (first a                   | nd middle                       | (if any))   |                                   |                            |                                  | Famil       | y Name or                      | Surname                          |          |  |
| · · · · · · · · · · · · · · · · · · ·   |                                      | Pee                           | er                              |   |                                   |                            |                                  | -           | Boerne                         | т <u></u>                        |          |  |
| Inventor's<br>Signature   | •                                    |                               | *                               |   |                                   |                            | _                                |             |                                | Date                             |          |  |
| Residence:  | City                                 | Valrico                       |                                 | State   | Florida                           | T                          | Country                          | us          |                                | Citizensh                        | ip       |  |
| Post Office   | Address                              | 2313 Tir                      | nbergrove                       | Drive   | - <del></del>                     |                            |                                  | <b></b>     | <del></del>                    |                                  |          |  |
| Post Office   | Address                              |                               |                                 |   |                                   | -                          |                                  |             |                                |                                  |          |  |
| City  |                                      | Valrico                       |                                 | State   | Florida                           |                            | ZIP                              | 33594       |                                | Country                          | ,        | US                                       |
| Addition:   | al inventors a                       | re being i                    | named on                        | the 1 suppler   | nental Add                        | itional Ir                 | nventor(s) s                     | sheet(s)    | PTO/SB/0                       | 02A attach                       | ed he    | reto.                                    |

#### \_

# **DECLARATION**

# ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

|                         |                             |              |       |         |               | <del></del>                           | <del></del>                           |             |
|-------------------------|-----------------------------|--------------|-------|---------|---------------|---------------------------------------|---------------------------------------|-------------|
| Name of Additional Jo   | oint Inventor, if any:      |              |       | ☐ A pe  | ition has bee | n filed for this u                    | nsigned invento                       | or          |
| Given Nat               | me (first and middle [if a  | ny])         | ·     |         |               | Family Name of                        | or Surname                            |             |
|                         | James                       |              |       |         |               | Frey                                  | · · · · · · · · · · · · · · · · · · · |             |
| Inventor's<br>Signature | Jam. 7                      | 3. Tree      |       |         |               | •                                     | Date                                  | 79 Set 200  |
| Residence: City         | Fairport                    | State        | New Y | ork     | Country       | US                                    | Citizenship                           | U.S.        |
| Post Office Address     | 53 Erie Drive               | <u> </u>     |       |         | •             |                                       |                                       |             |
| Post Office Address     |                             |              |       |         | •             |                                       |                                       |             |
| City                    | Fairport                    | State        | New Y | ork     | ZIP           | 14450                                 | Country                               | US          |
| Name of Additional Jo   | int Inventor, if any:       |              |       | □ A pet | ition has bee | n filed for this u                    | nsigned invento                       | or          |
| Given Nan               | ne (first and middle (if a  | ny])         |       |         |               | Family Name of                        | or Surname                            |             |
|                         |                             |              |       |         | =             |                                       |                                       |             |
| Inventor's<br>Signature |                             | -            | . = . |         |               |                                       | Date                                  |             |
| Residence: City         |                             | State        |       |         | Country       |                                       | Citizenship                           |             |
| Post Office Address     |                             |              |       |         |               | <u> </u>                              |                                       | t <u>-</u>  |
| Post Office Address     |                             |              |       |         |               | · <del>-</del>                        |                                       |             |
| City                    |                             | State        |       |         | ZIP           |                                       | Country                               |             |
| Name of Additional Joi  | int Inventor, if any:       |              |       | A pet   | ition has bee | n filed for this u                    | nsigned invento                       | r           |
| Given Nam               | ne (first and middle [if ar | ny])         | :     |         |               | Family Name of                        | r Surname                             |             |
|                         |                             | <del>.</del> |       |         |               |                                       | <del></del>                           |             |
| Inventor's<br>Signature |                             |              |       |         |               |                                       | Date                                  |             |
| Residence: City         |                             | State        |       |         | Country       |                                       | Citizenship                           |             |
| Post Office Address     |                             |              |       |         | ·             | · · · · · · · · · · · · · · · · · · · | <u> </u>                              | <del></del> |
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|                         |                             |              |       |         |               | <del></del>                           | <del></del>                           | <del></del> |

|           |   | 12                               |             | 訓                  |               | •                    |             |  | 1                 |
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| ease type | a plus sign inside this box   |                                  | and a       | <i>:</i>           | Аррто         | red for use through  |             |  |                   |
|           |   |                                  | TILITY      | OR.                | Attorney      | Docket Number        | τ 3215      | 6.0005                                     |                   |
| •         |   | DESIGN                           |             |                    | First Nan     | ned Inventor         | Boer        | गादा, द श                                  |                   |
|           | PATENT APPLICATION (37 CFR 1.63)  Declaration Submitted OR Submitted After Initial Filing (surcharge (37 CFR 1.16(e)) required)  The policy of the subject matter which is claimed an mess are listed below) of the subject matter which is claimed an Device and Method of Determining Energy of the subject matter which is claimed an Device and Method of Determining Energy of the subject matter which is an ached hereto OR  Was filed on (MM/DD/YYYY)  O9/28/2000  pplication Number  and was amend thereby state that I have reviewed and understand the contents of any amendment specifically referred to above.  acknowledge the duty to disclose information which is material thereby claim foreign priority benefits under 35 U.S.C. 119(a)-ertificate, or 365(a) of any PCT international application which merica, listed below and have also identified below, by checking the contents of the policy of the policy of the prior Foreign Application (Numbers)  Country  Additional foreign application numbers are listed on a subserved claim the benefit under 35 U.S.C. 119(e) of any Uniternational foreign application numbers are listed on a subserved claim the benefit under 35 U.S.C. 119(e) of any Uniternational foreign application numbers are listed on a subserved claim the benefit under 35 U.S.C. 119(e) of any Uniternational foreign application numbers are listed on a subserved claim the benefit under 35 U.S.C. 119(e) of any Uniternational foreign application numbers are listed on a subserved claim the benefit under 35 U.S.C. 119(e) of any Uniternational foreign application numbers are listed on a subserved claim the benefit under 35 U.S.C. 119(e) of any Uniternational foreign application numbers are listed on a subserved claim the benefit under 35 U.S.C. 119(e) of any Uniternational application the benefit under 35 U.S.C. 119(e) of any Uniternational application the benefit under 35 U.S.C. 119(e) of any Uniternational application the benefit under 35 U.S.C. 119(e) of any Uniternational application the benefit under 35 U.S.C. 119(e) of any |                                  |             |                    | COMP          | LETE IF              | KNOWN       |  |                   |
|           | (0  | ,                                | •           |                    | Applicati     | on Number            |             |  |                   |
| 0         |   |                                  |             |                    | Filing Da     | ate                  | Sep         | tember 28, 2000                            |                   |
|           | Submitted OR  |                                  |             | rcharge            | Group A       | rt Unit              |             |  |                   |
|           | Filing  |                                  | •           | 1.16(e))           | Examine       | r Name               |             |  |                   |
| As a be   | low named inventor  | , I hereby de                    | clare that: |                    |               |                      |             |  |                   |
|           |   |                                  |             | as stated below t  | ext to my r   | ame.                 |             |  |                   |
|           |   |                                  |             |                    |               |                      | l. first ar | nd ioint inventor (i                       | if plural         |
| I believ  | ve I am the original, fi<br>are listed below) of th   | irst and sole u<br>e subject mat | er which is | claimed and for    | which a pat   | ent is sought o      | n the inv   | ention entitled:                           |                   |
|           |   |                                  |             |                    |               |                      |             |  |                   |
| 1         | D   | evice and Me                     | thod of Det | ermining Emotive   | e Index Cor   | responding to        | a Messag    | ;c   |                   |
|           | 15 vin of which   |                                  |             | (Title of the Im   | vention)      |                      |             |  |                   |
| the spe   | is anached hereto   |                                  |             | (1 0)              |               |                      |             |  |                   |
|           |   |                                  | 00/28/      | 2000               | I Inited Stat | tes Application      | Number      | or PCT Internation                         | onal .            |
|           | F   |                                  |             |                    |               |                      |             |  | plicable).        |
| Applic    | ation Number  |                                  |             | •                  | -             |                      | ion inch    |  |                   |
| I hereb   | y state that I have reve<br>amendment specifica   | riewed and un<br>lly referred to | above.      | e contents of the  | SOOAC ROCHT   | Men sheemen          | .02, 200    |  |                   |
| I ackn    | owledge the duty to di  | sclose inform                    | ation which | is material to pa  | tentability a | s defined in 3       | CFR 1.      | 56.  |                   |
| I herel   | y claim foreign prior   | ity benefits un                  | der 35 U.S  | .C. 119(a)-(d) or  | 365(b) of a   | any foreign app      | lication(   | s) for patent or in<br>an the United State | ventor's<br>es of |
|           |   |                                  |             |                    |               |                      |             |  |                   |
| certifi   | cate, or of any PCT in  | ternational ap                   | plication h | ving a filing date | e before tha  | t of the applica     | ILLUM OM    | mon priority 20 o                          |                   |
| Prior     | Foreign Application   | Cou                              | ntrv        | Foreign Filin      | - ,           | Priorit<br>Not Clair |             | Certified Copy A                           | Attached?<br>NO   |
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| l         |   |                                  | l           |                    |               |                      |             | plemental priority<br>O/SB/02B attache     |                   |
| L         |   |                                  | !           | Page 1             | of 3)         |                      | £ 1/        |  |                   |

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|  | ditional U.S. or 1 | PCT international appli  | ication numbers a        | re listed on a  | supplements  | al priority data s   | heet PTO/SB/                   | 02B attac                            | hed hereto.   |                                     |
| As a named in  | ventor, I bereby   | appoint the following  | registered practif       | onex(s) to pro  | socute this a  | pplication and to  | o transact all                 | business i                           | n the Patent and  | Trademark                           |
| Customer l   | Number<br>OR       | me/registration mumbe  | r listed below           |                 |  |  | <b>-</b>                       | ·                                    | Monbe   | Customer<br>r Bar Code<br>vel Here  |
|  | Name               |  | Registra<br>Numb         |                 |  | Nam  | <b>c</b>                       |                                      |   | stration<br>umber                   |
| Ranjana Kadle Martin G. Linihan Kevin D. McCarthy David L. Principe  Nume  40,041 24,926 35,278 35,278 |                    |  | 24,926<br>35,278         |                 | Michael F. Scalise 34,92<br>Daniel C. Oliverio 33,43 |  |                                | 40,786<br>34,920<br>33,435<br>16,639 |   |                                     |
| ☐ Additional   | registered practit | ioner(s) named on sup  | plemental Registr        | red Practition  | or Informat  | ion sheet PTO/S  |                                |                                      |   |                                     |
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| Name of S  | ole or First l     | inventor:  |                          | □Аре            | tition has   | been filed for   | r this unsig                   | med inv                              | rentor  |                                     |
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| M Addition   | nal inventors      | are being named  | on the 1 suppl           | emental A       | iditional l  | nventor(s) sl  | heet(s) PT(                    | )/SB/02                              | 2A attached l   | nereto.                             |

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PTO/SB/02A (3/97)

Approved for use through 09/30/00, OMB 0651-0032

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# **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

|  |                            |        |               | 1 A notifi                                       | on has been  | filed for this un                      | signed inventor |             |  |  |  |
|--|----------------------------|--------|---------------|--|--------------|--|-----------------|-------------|--|--|--|
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|  | James                      |        |               |  |              |  |                 | <del></del> |  |  |  |
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|  | oint Inventor, if any:     |        |               | ☐ A pet  | ition has be | en filed for this                      | unsigned inven  | tor         |  |  |  |
|  | me (first and middle [if   | anvl)  |               | T:   |              | Family Name                            | or Surname      |             |  |  |  |
| GIAST M                                    | mic (mot one meets (-      |        |               | <del>                                     </del> |              |  |                 |             |  |  |  |
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